

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018371

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 91

FILED MAY 29 1962

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Smithville

Length of stay in 1b

4 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Smithville

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY  
OR TOWN

Smithville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Mable

Middle

Ellen

Last

Collier

4. DATE OF DEATH

Month

May

Day

16

Year

1962

## 5. SEX

Fe

## 6. COLOR OR RACE

Wh

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-27-90

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

## 10b. KIND OF BUSINESS OR INDUSTRY

Office of Telephone Co.

## 11. BIRTHPLACE (City and state or country)

Clay Co., Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Bodle Collier

## 13b. MOTHER'S MAIDEN NAME

Mary Foster

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Chas. F. Collier

## Address

Texarkana, Texas

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Degeneration

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 5-12-62 to 5-16-62 and last saw her alive on 5-16-62

Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-19-62

## 23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

## 23d. LOCATION (City, town, or county)

Smithville, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

McComas Funeral Home Smithville, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-18-62

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

16000

26000

3

4

5

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7

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94222

10

11

124-0

132-0

JUN 5 1962

MAY 29 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald W. Hanks*

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.